

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
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50							
TOTAL IND.	3						
TOTAL DEP.	16		↔	↔	↔		
TOTAL CLAIMS	19						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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100							
TOTAL IND.			↔	↔	↔		
TOTAL DEP.			↔	↔	↔		
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY